INFORMATION ONLY



2018-2019 Public Health Emergency Preparedness Program (PHEP)- Performance Tracking

Demographics

Budget Period:	Budget Year:	Sub-awardee type:	Sub-awardee contacted:	Sub-awardee contact number		number:	Sub-awardee email contact:
SELECT	SELECT	SELECT	NAME		000-000-00	000	EMAIL ADDRESS
Sub-awardee name:	Sub-awardee name:					PHEP Reg	ion:
HEALTH DEPARTMENT/PHEP REGION/HCC NAME					SELECT		SELECT

Scoring information and instructions:

Ratings are determined as follows: **0-** Non-Compliant, No Program or Process exists; **1-** Non-Compliant, Program or Process exists, but not attempted; **2-** Non-Compliant- Program or Process exists, but serious faults or gaps are present; **3-** Non-Compliant- Provisional, Program or Process exists with correctible gaps that hamper completion or was an oversight on the part of the Reviewed Partner; **4-** Compliant-Provisional, (also called a minor Finding) minor gaps that do not hamper completion of the Task; **5-** Compliant, Department is in compliance with the work plan requirement. **NOTE- 0-3 will require a Major Finding note in the Overall Review, 4 will require a Minor Finding note.**

All work plan and AOE information will be added to the tracker as it is reported to KDHE Preparedness. All dates are either dates of completion or are reporting dates. All meetings will need to be recorded as the date of the meeting. Deliverables need to be recorded as the date received. In the case of activities that have due dates but are part of the quarterly reporting, the completion date and the submission date will need to be recorded. Attendee information can be added to the remarks sections where applicable. This document is adjustable.

Enlargement of the various work plan blocks is encouraged.

Disclaime

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Programmatic Progress Tracking Source: quarterly work plan updates, work plan activity output Output Due date: Reporting frequency Item: **ADMIN** 00/00/0000 Work plan activity deliverable(s) Quarterly Work plan activity: Score: 0 The sub-awardee will submit quarterly updated work plans and quarterly affidavits of expenditures/ FSRs no later than the 15th of the month following the end of the quarter to KDHE Preparedness. (Administrative) of Quarter 1 Date: Notes: Review Date: 00/00/0000 Score: 00/00/0000 0 Approved: of SELECT Quarter 2 Date: Score: Notes Review Date: 00/00/0000 00/00/0000 0 Approved: of SELECT 00/00/0000 Quarter 3 Date: Notes: Review Date: Score: 00/00/0000 0 Approved: of SELECT Ouarter 4 Date Notes: Review Date: 00/00/0000 00/00/0000 0 Approved: of **SELECT INFORMATION ONLY**

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Item:	1	INFORMATION ONLY	Reporting frequency: Quarterly	
Work plan activity:		The decimal of the regulation of the data	Quarteri	Score:
		nt representative will attend in person, via conference call, or webinar healthcare coalition meeting		0
		are a staff member of a local public health department. In the event a Designee is assigned, the Designee is assigned, the Designee is assigned to the Designee is assigned.		
_	-	Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the ty 1: Community Preparedness (FOA pg. 23)	le Healthcare Coantion	of
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/00	20
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Approved: SELECT	of 5			
Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/00	000
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Quarter 4 Date:	Score:	Notes:	Review Date: 00/00/00	000
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Item:	2	Output: Attendee and/or date required for validation Due date: 00/00/0000	Reporting frequency: As contracted	
Work plan activity:		Thereto and of the frequency of the dates.	115 COMMACION	Score:
A representative	for each	n local health department will participate in quarterly preparedness regional public health departm	nent meetings in person via	0
		ar. (Capability 1: Community Preparedness)	ient meetings in person, via	of
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/00	5
00/00/0000	0	1700.5	Review Bate. 00/00/00	,00
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Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/00	000
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SELECT Quarter 3 Date:	Score:	Notes:	Review Date: 00/00/00	000
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Quarter 4 Date:	Score:	Notes:	Review Date: 00/00/00	000
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Item:	3	Output: Attendee and/or date required for validation Due date: 00/00/0000	Reporting frequency: As contracted	
Work plan activity:			•	Score:
A local health de	epartment	at representative will participate in a local ESF 8 or LEPC planning meetings at <u>least once per year</u>	<u>ur</u> to work with health and medical	
		gthen community preparedness and response activities to include Community Preparedness, Com	nmunity Recovery, and Emergency	0
Operations Coor	dination.	. (Capability 1: Community Preparedness) (points awarded for only one meeting)		
Note : Will prov	ide a con	py of the sign-in list for the meetings attended.		of
Quarter 1 Date:	Score:	Notes:	Review Date: 00/00/00	000
00/00/0000	0		10.10 % Date. 00/00/00	,,,,,
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Quarter 2 Date:	Score:	Notes:	Review Date: 00/00/00	000
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SELECT	5	INFORMATION ONLY		

Item:	4	IN	FORM	NATIO	NONLY	Reporting frequency:	
Work plan activ	vity:	A condect and	a/or date required re	or varidation	0/30/2010	<u></u>	s contracted Score:
and provide		nimum of one Local Health I aining.	Department starr me	ember will take the FEI	VIA online PIO Training: I	SS-TRAIN Course #	0
-	-	n, will submit proof of traini by case basis.	ng or provide proof	of KDEM training the	nt was completed within th	ne last 5 years. Other	trainings will of 5
Submission dat 00/00	e: 0/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by:	SELECT	Activity sta	
Remarks:				<u>'</u>			
Item:	5		Output:		Due date:	Reporting frequency:	
Work plan activ		Attendee and	d/or date required fo	or validation	3/30/2018	As	s contracted Score:
•		minimum of one Local Healthency. Dates TBA .	h Department staff r	member will participat	e in a KDHE webinar offe	ring detailing proper	use of social of 5
Submission dat 00/00	e: 0/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by:	SELECT	Activity sta	
Itami	-	Output:					
Item: Work plan activ	vity:			Multiple validation	n sources/types required		
with access B. Exercise be accepted. Plans and pr the KDHE ap must be subm review tool a meet the para Exercise location Required Capal Cap 2- Func 1;	and function se activity slow. cocedures for opproved HSE initted to the sum of submits in ticipation results in ticipation results in the sum on/Hosting age LOG initial to exercise the sum of the	ncy: CATION cise: and 4; Cap 4- Func 5; Cap 10-	must be tested in the ear templates will be rew within 60 days of cility will apply correctes must participate it. Exercise name: Capabilities exercised:	s), and individuals with DEM approved HSEE exercise. All exercises a ejected. AAR/IPs must be completion using the petions and then will subtin the state-wide joint ex	The serious pre-existing behavior serious pre-existing behavior pre-existing behavior pre-existing behavior provides with the final version to kalled ercise in BP4, more planning and the AAR/IP is approvided exercise in BP4.	st be used. All other the the HSEEP process of the days of the day	AAR/IP formats will not and must be completed on of completion. AAR/IP Coordinator completes the v. Observer roles do not
(specific tasks v	within the requ n of the local h	; Cap 14, Func 2 and Cap 15, func 1 ired capabilities and functions are tealth department) [Remarks:			List populations	I	List partners Score:
4/30 Document dead 6/1/ Date to Region 00/00 Date to KDHE: 00/00 Date reviewed	0/2019 Illine date: /2019 al Coord. 0/0000 :						0 of 20
Date AAR/IP a		Reviewed by: SELECT		Sumber of corrective steps:	Approved by:	SELECT	
Item:	7		Output: SELECT		Due date: 6/30/2018	Reporting frequency:	contracted
other reques Agreement .	departmen sted informa (<i>HPP-PM</i>	ts will provide to KDHE Pre ttion as related to the <i>BP1 Su</i> pg. 50-61 Joint Performand	upplemental Hospita ce Measures)	al Preparedness Progr		ency Preparedness C	ooperative of 5
Submission dat 00/00 Remarks:	e: 0/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by:	SELECT	Activity sta	SELECT
			NFORI	MATIO	N ONL		

Υ.	Output: INFORMATION		N ONLY —			
Item:	Multiple vali l items are one (1) point except 7B which is one (1) point per completed quarter	dation	sources/types required Total points available for work plan item	7:	19	
ocal hea	llth departments will continue to:					Score
A.	Keep contact information on KS-HAN up to date. (<i>Capability 6: Information Sharing</i>)	Α.	Date of last KS-HAN update.	00/00/0000		0
B.	Respond to KS-HAN Drills (Capability 6: Information sharing)	В.	Dates responded to drills. Q1: Q2:	0 Q3: 0 Q4:	0	0
C.	Assure 24/7 epidemiological contact information is kept current and is shared with KDHE. (Capability 13: Public Health Surveillance & Epidemiological Investigation)	C.	24/7 EPI Contact update to date with KDHE?:	SELECT		0
D.	Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (Capability 1: Community Preparedness; Capability 3: Emergency Operations Coordination)	D.	Is the ICS Training Complete?	SELECT		0
E.	Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection (<i>Capability 3: Emergency Operations Coordination</i>)	E.	Are priority communications services available?	SELECT		0
F.	Have available signed shared resource agreements. (<i>Capability 1: Community Preparedness</i>)	F.	Are signed resource agreements available?	SELECT		0
G.	Maintain a website where information can be posted and accessed by members of the public. (Capability 4: Emergency Public Information & Communication; Cross-Cutting)	G.	Public website or public Facebook maintained? URL:	SELECT		0
Н.	Assure that annual fit testing for PPE (or PAPR annual training) for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998. (Capability 14: Responder Safety & Health)	н.	Is the annual FIT testing completed?	SELECT		0
	(Capability 14. Responder Sujety & Health)		Date:	00/00/0000		
I.	Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year. (<i>Administrative</i>)	I.	Are all reports and invoices available? SELECT			0
J.	Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years. (<i>Administrative</i>)	J.	Are all certifications and or training records available?	SELECT		0
K.	Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials 2016, Course #1062513 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287. (Capability 12: Public Health Laboratory Testing)	K.	Are all staff who needed certified in packaging and shipping completed?	SELECT		0
L.	Maintain an inventory control system for tracking capital equipment and electronic devices. CRMCS can be used and the items marked as deployable or non-deployable. (<i>Administrative</i>)	L.	Is the inventory control system available and up-to-date?	SELECT		0
M.	Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to	М.	Date of last inventory: Are all PDS/time/attendance records available?	00/00/0000 SELECT		0
	preparedness. (Administrative)		Date of PDS audit (if applicable):	00/00/0000		
N.	Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a "No Update" letter to KDHE. (Capability 8: Medical Countermeasure Dispensing & 9: Medical Materiel Management and	N.	Is the Mass Dispensing SOG up-to- date or has the NO UPDATE Letter submitted?	SELECT		0
	Distribution)		Date of letter:	00/00/0000		
O.	Annually review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, submit a "No Update" letter to KDHE. (Capability 2)	0.	Is the COOP SOG up-to-date or has the NO UPDATE Letter submitted?	SELECT		0
	Update Point of Dispensing (POD) location(s) and other relevant POD information		Date of letter: Are ALL POD locations, site	00/00/0000		
P.	into Countermeasure Response Administration (CRA) by March 30, 2019. (Capability 8: Medical Countermeasure Dispensing)	P.	information, and contact up-to-date?	SELECT		0
			Date of last update:	00/00/0000		(

Programmatic overall comments:

INFORMATION ONLY

Programmatic Scoring

Total points available:	Total points received:	Percentage complete:	Date of Scre	eenings			Date of ove	erall comments:
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		Edward O). Bell, Preparedness Grant C	ompliance (Coordinator, KDHE					
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Fiscal Accountability Scoring

Total points available:	Total points received:	Percentage complete:	Date of Scr	reenings			Date of ov	erall comments:
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		Joanna Lassley Crant Man	annont Coordin	agtor VDUE				1

Scorecard Scoring

ot	Programmatic available:	Programmatic total:	Programmatic percentage:	Fiscal available:	Fiscal total:	Fiscal percentage
19 T	104	0	0%	20	0	0%
-50	Total available score:		Total score received:		Total percentage completed:	
2018	12	24	(0	0.	P/o

Scorecard Validation

KDHE Preparedness Compliance Coordinator

Date of final validation: Programmatic audit completed by:

00/00/0000 Edward O. Bell, PCC

Overall Compliance rating: SELECT Signature

KDHE Preparedness Grants Management Coordinator

Date of final validation: Fiscal performance audit completed by:

00/00/0000 Joanna Lassley, PGMC

Concurrence: SELECT Signature

KDHE Preparedness Program Director

Date of final validation: Program validation by:

00/00/0000 Denise L. Kelly

Concurrence: SELECT Signature

KDHE Bureau of Community Health Systems Director

Date of final validation: Bureau validation by:

00/00/0000

Concur: Non-concur: Signature

Appeals Process

Date of audit appeal review by KDHE:	Date of KDHE response to appeal request:	Appeal status:	Compliance status:	Compliance Rating:
00/00/0000	00/00/0000	SELECT	SELECT	SELECT
Anneal notes:				

Appeal notes:

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INFORMATION ONLY KDHE Preparedness Compliance Coordinator Edward O. Bell, PCC

KDHE Preparedness Gra	nts Management Coordinator	
Date of final validation:	Fiscal performance audit completed by:	
00/00/0000	Joanna Lassley, PGMC	
Concurre	nce: SELECT	

Į	KDHE Preparedness Program Director				
]	Date of final validation:	Program validation by:			
	00/00/0000	Denise L. Kelly			
	Concurrence	: SELECT			
	Concurrence	. SEEDE 1	Signature		

Document retention statement:

00/00/0000

Overall Compliance rating:

SELECT

Please retain this scorecard as part of the confirmation documentation that will be used to provide validation of the completion of this budget period's contracted work plan activities. This document, like all others generated as either compliance documents or as an outcome, will need to be retained by the sub-awardee for a period no less than five years, per the language of the contracted work plan.

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services

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